

SPRINGFIELD TOWNSHIP ZONING RESIDENTIAL PERMIT APPLICATION

The undersigned hereby applies for a zoning permit for the following use based on the information provided on this form. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required in addition to the information requested on this form, **to submit a plot plan**, drawn to legible scale, showing the actual dimensions of the proposed structure or alterations thereto.

Site location- Allotment Name: _____ Lot# _____

Address: _____ Parcel # _____

Located on a dedicated road? Y N private road? Y N Corner lot? Y N Lot recorded before 1957? Y N

Owner's Name: _____

Mailing Address: _____

Telephone: _____ alternate: _____ contractor name: _____ telephone _____

Existing use: _____ **Current zoning:** _____

Proposed use: Deck Storage Bldg. Detached Garage Addition to Existing Dwelling
New dwelling Two Family Dwelling Other

Dimensions of proposed building: _____ length _____ width _____ height

Describe in detail: _____

Type of Sewage Disposal: Sewer Septic Permit # _____

***Note: Summit County Health District approval needed for septic prior to Springfield Township Zoning Approval

Setbacks to building: Front yard _____ Rear yard _____ L Side Yard _____ R Side Yard _____

Lot Size: Width _____ Depth _____ Area _____ s.f. Percentage of Lot Occupied: _____

Actual Living area: _____ s.f. Garage: _____ s.f. Basement: _____ s.f. Accessory bldg: _____ s.f.

**NOTE: THIS PERMIT SHALL BECOME VOID IF WORK IS NOT STARTED WITHIN SIX (6) MONTHS
OR NOT COMPLETED WITHIN ONE (1) YEAR**

Applicant's Signature _____ Date _____

OFFICIAL USE ONLY

PERMIT # _____

Date Received _____ Date of Action _____ Approved/Denied Fee \$ _____

Zoning Administrator's Signature _____